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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/531,329			ing Date 16/2005	To be Mailed
	Al	PPLICATION A	ENTITY	OR		HER THAN ALL ENTITY						
	FOR	NU	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		l	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E or (q))	N/A		N/A			N/A			N/A	
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		•			x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	ts of pape 50 (\$125 ional 50 s	ation and drawings exceed 100 er, the application size fee due i for small entity) for each sheets or fraction thereof. See (a)(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If	the difference in col	umn 1 is less than	r "0" in colu		TOTAL			TOTAL				
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	09/29/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 4	Minus	<b>~</b> 20		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1,16(h))	• 1	Minus	3		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**		=		x \$ =		OR	x \$ =	
ă	Independent (37 CFR 1,16(h))		Minus	**				x \$ =		OR	x \$ =	
Ш	Application Size Fee (37 CFR 1.16(s))											
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Pervolusy Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Pervolusy Paid For IN THIS SPACE is less than 3, enter "3".  TONI HAKIM  The "Highest Number Pervolusy Paid For IN THIS SPACE is less than 3, enter "3".												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USETO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.16. This collection is extensive the size of a window properties, and submitting the completed application form to the USETO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.